

# Congress of the United States

Washington, DC 20515

March 23, 2018

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Secretary Azar:

We write to bring your attention to our shared concerns with the draft cervical cancer screening guidelines from the U.S. Preventive Services Task Force (USPSTF), released on September 12, 2017. In a significant departure from previous USPSTF recommendations, the draft does not include “co-testing” for cervical cancer screenings. Co-testing, the combination of a Pap test and an HPV test for women aged 30-65 years is the current standard of care as it has shown significant success in identifying more cervical pre-cancer and cancer than either test alone. If finalized, the proposed guidelines could seriously undermine the strides made in reducing cervical cancer deaths and disease progression in recent years. Many of us have heard concerns from cervical cancer survivors and their clinicians in our states. We share these concerns and urge the USPSTF to include co-testing in its final guidelines.

Last September, the USPSTF released a draft of its new guidelines for cervical cancer screening which are updated approximately every 5 years. The absence of co-testing for cervical cancer screenings in this draft represents a significant departure from current guidelines and creates concern that payers will deny coverage. According to a growing body of evidence, co-testing identifies substantially more cancers than either the HPV or Pap test alone. Many of the national organizations who work most closely with cervical cancer patients, survivors, and clinicians are supportive of the extra protection co-testing provides.

The Centers for Disease Control and Prevention’s (CDC) own data demonstrates that the increased use of co-testing over the last 15 years has improved the ability of doctors to find cervical cancer at an earlier and more treatable stage. According to the CDC, co-testing has shown to prevent as many as 93 percent of new cervical cancer cases. The data also shows that from 2003 to 2012 in the United States, the death rate from cervical cancer:

- Decreased by 0.9% *per year* among women.
- Decreased by 0.6% *per year* among white women.
- Decreased by 2.2% *per year* among black women.
- Decreased by 2.3% *per year* among Hispanic women.

These are trends we need to build upon rather than curtail the progress we’ve made on saving lives and costs with screening. The incidence of cervical cancer diagnoses and deaths has

decreased significantly in recent decades due to prevention and early detection, but lack of access to screening remains a contributor to cervical cancer morbidity and mortality. Now is the time to encourage routine screenings, rather than weakening coverage and access. Dropping co-testing from the USPSTF's guidelines could undermine the screening decisions between a patient and her doctor and decades of advances against cervical cancer diagnoses and deaths. Since health plans are only required to cover services with an A or B rating by USPSTF and they follow the Task Forces' screening and preventive care guidelines in what they are willing to cover with no co-pay, this change has serious implications for women's access to cervical screenings. Absent the inclusion of co-testing in the final guidelines, fewer physicians will offer the screening. Even when offered, higher out of pocket costs will be a barrier for women on plans that consequently deny coverage. This poses a serious threat to the work being done to eliminate the social and racial disparity gap for cervical cancer.

We understand USPSTF could finalize its cervical cancer screening guidelines as soon as March. We hope you will take these concerns into consideration immediately. As concerned Members of Congress, we ask the USPSTF retain the inclusion of the 5 year co-testing recommendation in its final guidelines.

Sincerely,



David Young  
Member of Congress



Terri A. Sewell  
Member of Congress



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